## RESIDENCE ADDRESS IS VOLUNTARY -CIVILCODE SECTION 1798.17

TRAVEL E	EXPENSE C	CLAIM
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STD. 262 (Rev 6/93) DMH-001

	,	eV 6/93) DIMH-001										Paç	ge <u> </u>		
CLAIMAI	NT'S NAM	MΕ				SSN OR EM	PLOYEE NUN	/IBER*			DEPART	MENT			
Stephen W. Mayberg					461-500-1641-001						Mental Health				
POSITION CBID						DIVISION OF BUREAU						INDEX NUMBER			
Director E99						Director's Office						461-500			
RESIDENCE ADDRESS*						HEADQUARTERS ADDRESS							TELEPHONE		
on file						1600 Ninth Street						654-2309			
CITY			STATE	ZIP CODE		CITY					STATE ZIP CODE				
						Sacram	ento					CA	95	814	
(1) MNTI	H/YR	(3)	(4)	(5)	MEALS		(6)	(7)	Т	RANSPORTA <sup>-</sup>	TION	UA .	(8)	(9)	
June	2009	(6)	( . ,			O.T.,L/T,	(0)	(A)	(B)	(C)		(D)	(5)	(0)	
(2)		LOCATION		DDEAK		N/C,RELO, OR	INICIDEN	COST OF	TVDE	CARFARE,	PRIVAT	E CAR USE	DUOINEGO	TOTAL	
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	DINNER	INCIDEN- TALS	TRANS.	TYPE USED	TOLLS, PARKING	MILES	AMOUNT	BUSINESS EXPENSE	EXPENSES FOR DAY	
6/5	0615	Riverside						*281.20	рс	6.00					
0,0		return						*51.04	ca/rc	9.00		17.60		364.84	
6/15		San Francisco						01.01	рс	4.00		17.00		001101	
0, 10		return							РО	10.00		97.35		111.35	
6/19		San Jose								10.00	177	31.33		111.55	
0/19		return							no		231	127.05		127.05	
$\overline{}$	1600	return			1				рс		231	127.05		127.05	
$\overline{}$															
$\overline{}$															
							*332.24		29.00		242.00		603.24		
COL CODE (Acctg Use Only)															
	`	, , , , , , , , , , , , , , , , , , ,				(1 000	Direct Pa	v) Paimh	urean	nent Reque	et.			074.00	
						(LC33	Directia	y) itellilo	uiseii	ient Neque			=	271.00	
(11) PUF	RPOSE O	F TRIP, REMARKS, AND DETAILS (Attach I	receipts/vouc	hers when	required)						I ( ) = \ .				
C/F F	): == =4	ou to muco ant at the Californ	ia Caus	ail at C	`	:4 N / a	-tal I la al	م ما ا	-:			ormal Wo			
		or to present at the Californ	lia Cour	icii oi C	OMM	unity ivier	пат пеат	ın Agen	icies				5:00 p.m.		
meet	iiig iii	Riverside.									(13) P	t Vehicle	License #		
6/15	- Dire	ctor to meet with San Franc	risco Su	nerior	Court	regardin	a Incomi	netent to	Sta	nd	On file				
Trial			31300 00	iperior	Oourt	regarding	9 11100111	potont to	o Cia	i u		leage Rat	e Claimed		
iiiai	ouooo	•									( 1 )	loago riai	o olali iloa		
6/19-	Direc	tor to present at the Califor	nia Mer	ntal Hea	alth Pla	anning C	Council q	uarterly	mee	ting.	# ###	0.55			
		·				· ·		•		Ū					
* Direct pay											10	NLY			
											Paid by	/ Revolvin	g Check N	umber	
1115	DEDV	CEDTIEV that the above 's	0.04545	nt of th	. 4mc1	ovne== : :		, mac !:: :	2001	naa	dotin :	ara	0 00 - 1 10 - 1	auton cost of	
		CERTIFY that the above is a true													
		Administration regulations, in the and if a privately-owned vehicle													
		to vehicle safety and seat belt usa		,			o ac	p. 200110	<b>~</b> y	J <b>3</b> 0	35110	, 01	, 0.00,	J. J. J.	
	_	NATURE	-	DATE		(16) SIGNAT	URE OF OFF	ICER APPRO	OVING T	RAVEL AND F	PAYMENT		DATE		
(17) SIG	NATURF	AND TITLE OF AUTHORITY FOR SPECIAL	EXPENSES	<u> </u>		<u>                                   </u>							DATE		
		I													
													1		